



Department of Health
Office of Emergency Medical Services & Trauma System

PERSONAL STATUS CHANGES APPLICATION

IDENTIFYING INFORMATION:

Department of Health Registry Number	Telephone Number	Date of Birth (mm/dd/yyyy)
Last Name	First Name	M.I.
Previous Name (if different)		
Address, City, State, Zip Code		
E-mail Address		

CERTIFICATION LEVEL: (Please select one.)

First Responder EMT IV Tech Airway Tech IV/Airway Tech ILS Tech ILS/Airway Tech Paramedic

PERSONAL STATUS CHANGES: (Please select all that apply.)

Add Agency Change Agency Add County Change County Change Address Change Name

EMS SUPERVISOR STATEMENT:

"I attest this applicant will provide care with our EMS agency."

Agency Name and License Number

EMS Supervisor's Original Signature

Date

NOTE: It is not necessary to obtain the Supervisor's signature unless you are adding or changing agencies.

Employment Status with this Agency: (Please select one) Paid **OR** Volunteer

Will this be your Primary Agency?: (Please select one) Yes **OR** No

COUNTY MEDICAL PROGRAM DIRECTOR (MPD) STATEMENT:

_____ **"I Recommend"** _____ **"I Do Not Recommend"**

state certification of this applicant in my county. Applicants recommended for certification have a copy of my protocols.

County MPD's Original Signature

Date

NOTE: It is not necessary to obtain the MPD's signature unless you are adding or changing counties.

APPLICANT STATEMENT:

"I hereby attest and declare that the information provided on this application is true and correct, and that any fraudulent entry may be considered sufficient cause for rejection or subsequent revocation of my certification. I further attest that I have received a copy of the MPD's protocols for my level of certification."

NOTE: This application is good for a period of one year from date the applicant signs the form.

Applicant's Original Signature

Date

VOID IF ALTERED OR PRINTED ON COLORED PAPER

Department of Health, Office of Emergency Medical Services & Trauma System, PO Box 47853, Olympia WA 98504-7853

(Revised 10/03) Supersedes All Previous Forms